

Equitable Access to Care: Leveraging Telehealth for Medicaid Beneficiaries in North Carolina

A Virtual Town Hall

Thursday, May 5th
11:00am-1:00pm ET

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Kate B. Reynolds Charitable Trust
and is administered through the
**Duke-Robert J. Margolis Center for
Health Policy at Duke University.**

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Today's Town Hall

**Opening Remarks from Dr. Shannon Dowler, Chief Medical Officer,
NC Medicaid**

Session 1: Telehealth and Access to Care for Medicaid Beneficiaries

- *Brief overview of research and related policy context*
- *Study findings, themes, and policy recommendations*

Session 2: Perspectives from Providers, Payers, and Policy Makers

- *Moderated panel and online discussion*

Key Takeaways to Advance Equitable Access to Care Using Telehealth

- Telehealth helped maintain continuity of care and access to care for Medicaid beneficiaries
- Telehealth is not yet mitigating disparities in access to services for historically marginalized groups

About 64% of health care providers we surveyed believe that differences in telehealth use are due to factors such as race, culture, English proficiency, literacy, and clinical conditions.

Key Recommendations to Advance Equitable Access to Care Using Telehealth

1. Telehealth should be integrated long-term into the Medicaid program
2. Medicaid agencies should consider the role that audio-only telehealth plays in facilitating care for the historically marginalized
3. Payment model design can facilitate more equitable and high-value application of telehealth as a part of longitudinal care management

Opening Remarks from NC Medicaid

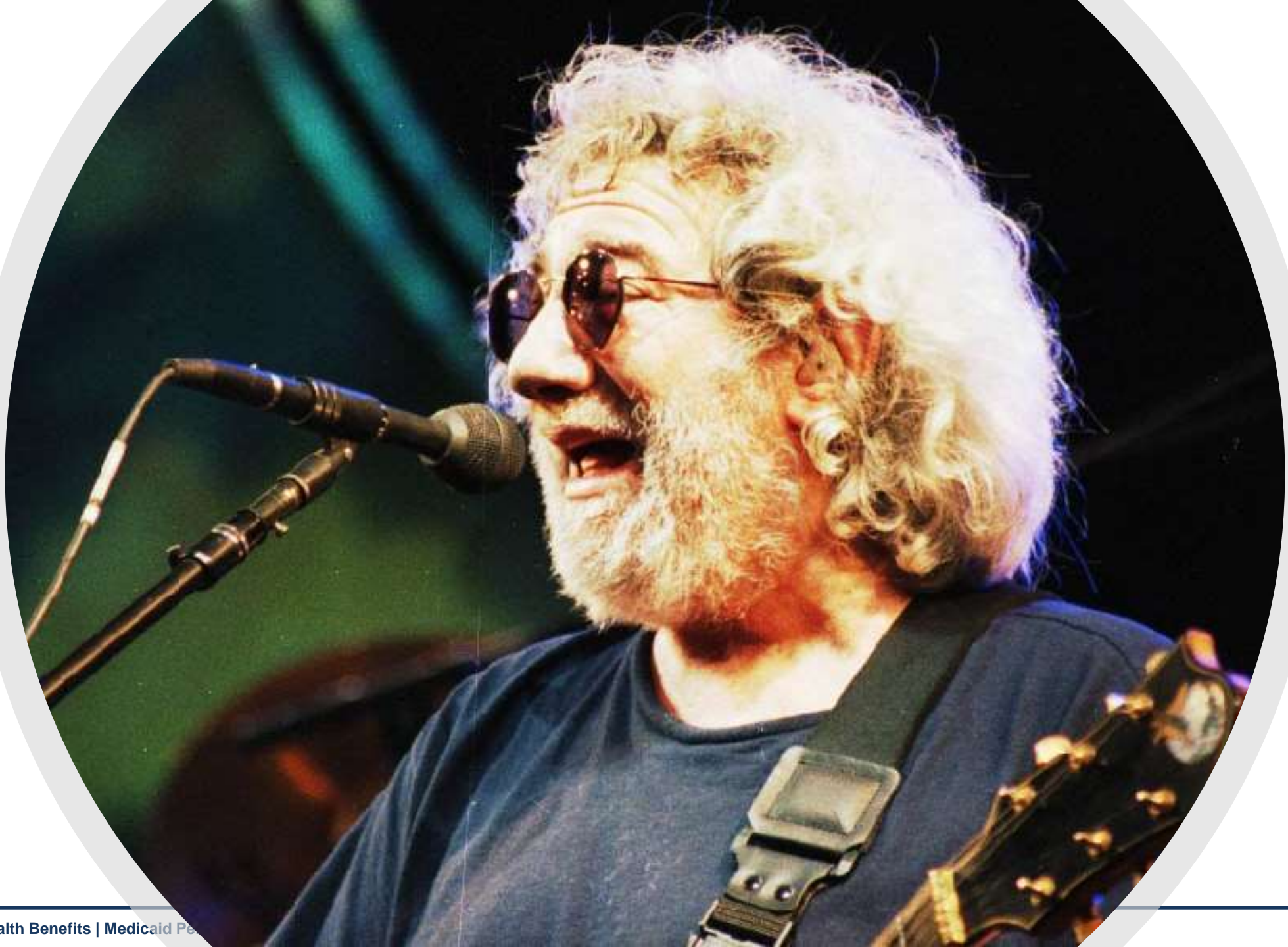


NC Department of Health and Human Services

Medicaid Perspectives on Telehealth

Shannon Dowler, MD
Chief Medical Officer

May 2022



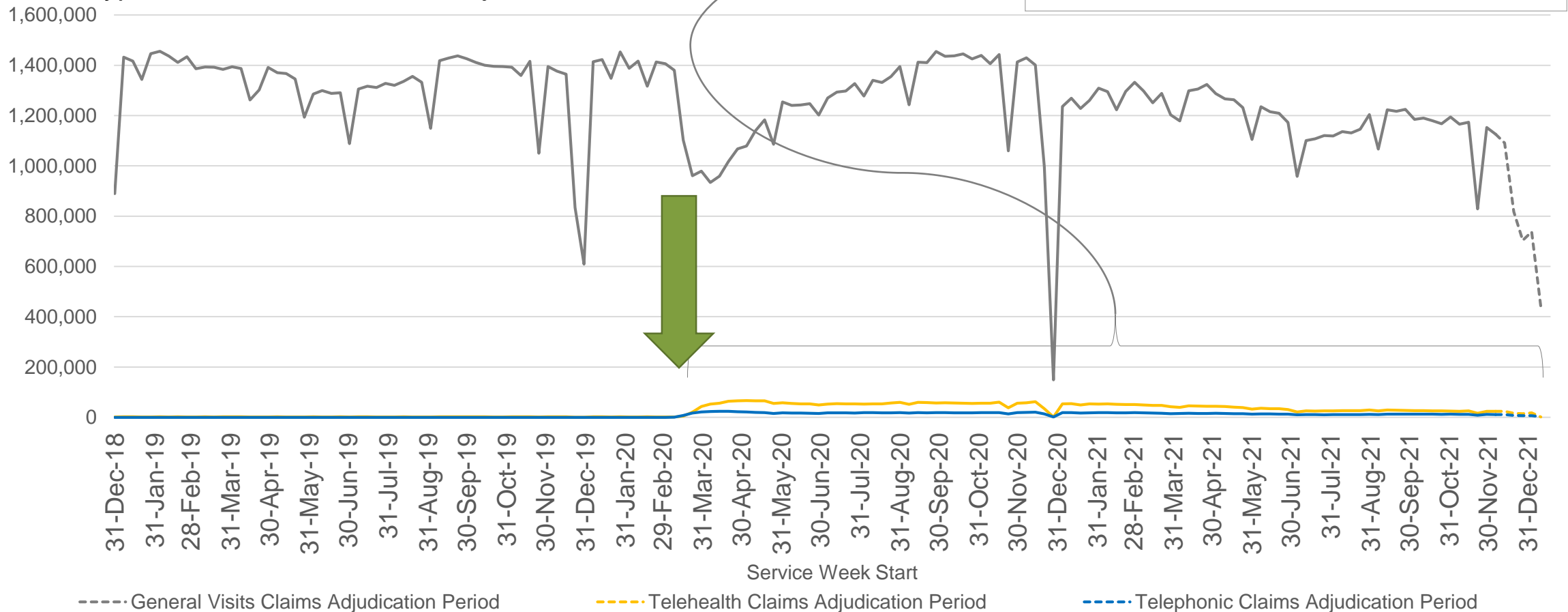


THE NEW SNAIL'S PACE



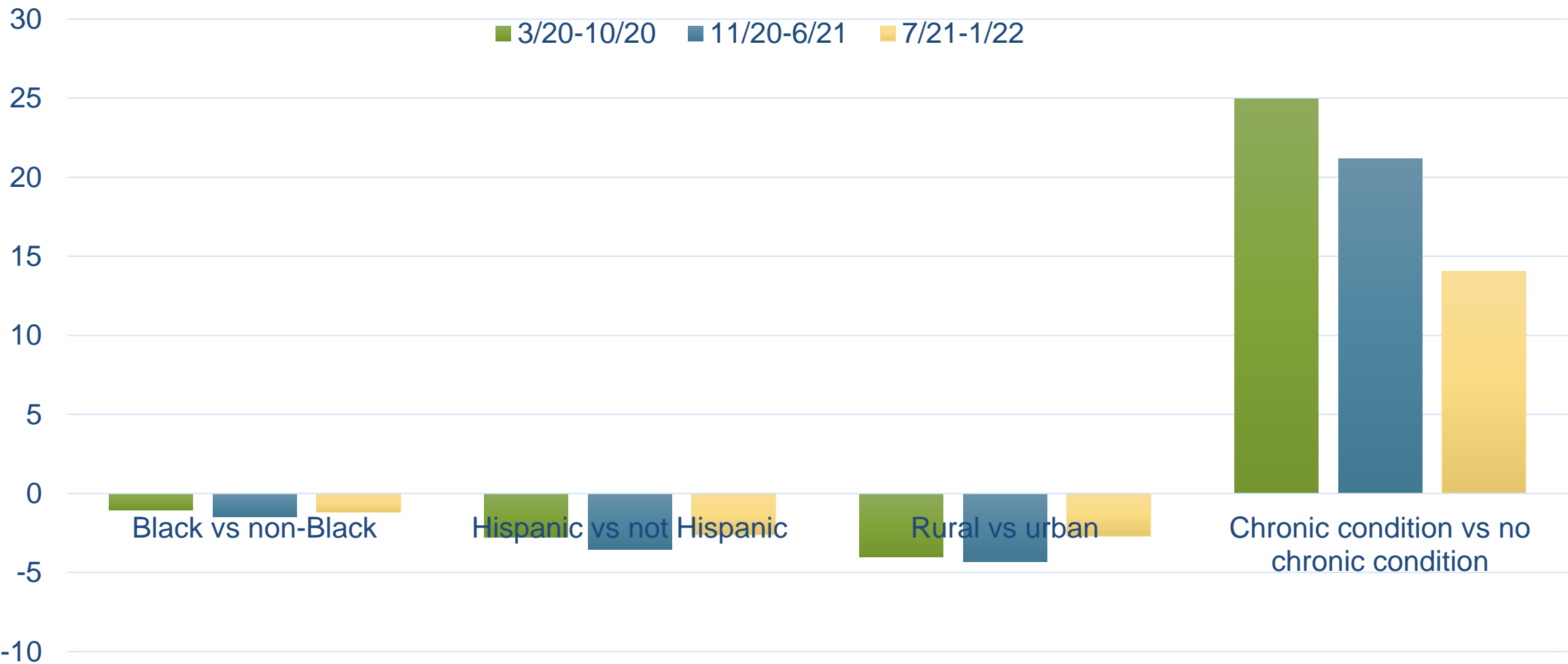
Telehealth, Telephonic, and In-person Claims Volume | 12/31/18 - 1/15/2022

- Dramatic decrease in in-person visits at the outset of the Public Health Emergency
- Steep increases in telemedicine during the same period
- All visit types decrease with claims adjudication





Relative Probability of Telehealth Use by Adults Over Time from 3/20 – 1/22



From multivariate logit analysis that controls for all reported factors



This is not
my mom.





Equitable Access to the Highest Integrity Service for All

Levelling the Field for All Levels of Literacy

Avoiding Fragmentation and/or Duplication of Care

Creating Improved Outcomes with Fiduciary Responsibility



Policy Context and Study Overview

Defining Key Terms

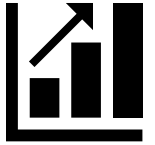
- **Equitable access to health care:**

- Everyone has a fair and just opportunity to access the health services they need to be healthy, when and how they need those services.

- **Telehealth (also referred to as telemedicine):**

- A health care visit with a physician or other health care provider without an in-person visit
- Can include both audio and video visits provided via a computer, tablet, or cellular phone

Current Policy Context



Access to health care using remote modalities like telehealth expanded rapidly out of necessity with the onset of the COVID-19 pandemic.



Questions

- Who was able to access care?
- Disparities in access?
- Where would support be needed if telehealth were to expand as an approach to deliver high-value care?

Complex Systems and Health Problems

- We are focusing on two common health conditions that affect people across the lifespan:
 - **Behavioral health (BH) conditions** such as anxiety, depression and schizophrenia
 - **Musculoskeletal (MSK) conditions** such as low back, hip, knee and shoulder pain
- Telehealth use will vary for people with behavioral health conditions versus physical health conditions

Our Study Goals

Understand whether telehealth has helped Medicaid enrollees with BH, MSK, or both conditions access the care they need

Identify disparities in access to telehealth services that could be addressed with clinical and state-level policy reform

Study Design and Methods

- We looked at BH and MSK service use differently:
 - **BH:** Among people were already using BH services, we looked at those who continued to access BH services during the COVID-19 pandemic
 - **MSK:** We looked at individuals who accessed MSK services during the COVID-19 pandemic

	Behavioral Health Users	Musculoskeletal Health Users
Study timeframe	Pre-COVID use: March 2019- February 2020	<i>Not included</i>
	During-COVID use: April 2020 – March 2021	During-COVID use: April 2020 – March 2021
Total users	<ul style="list-style-type: none">• 167,483 Youth• 54,996 Adults	<ul style="list-style-type: none">• 63,875 Youth• 63,655 Adults

Services Provided & Provider Types

Services Provided	Types of Health Care Providers
BH Services	Specialty Physicians & Advance Practice Providers (e.g., psychiatrists)
	Psychotherapists (e.g., licensed clinical social workers, psychologists)
MSK Services	Specialty Physicians & Advanced Practice Providers (e.g., orthopedics)
	Conservative Therapists (e.g., physical therapists and occupational therapists)
Both BH and MSK Services	Generalists (e.g., primary care physicians & advanced practice providers)

Understanding Key Stakeholder Experiences with Telehealth



Surveys



Interviews



Focus Groups

Brief Research Presentations

Research Team

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Cynthia Dong
Nadia Bey



Telehealth Access and Maintenance of Care for Beneficiaries with Behavioral Health Conditions



Presented by: Rushina Cholera
Assistant Professor
Duke Department of Pediatrics
Core Faculty Member
Duke-Margolis Center for Health Policy

Behavioral Health and the COVID-19 Pandemic

About  adults and  youth have a behavioral health (BH) condition.^{1,2}

Prevalence of depression and anxiety doubled during the COVID-19 pandemic.³

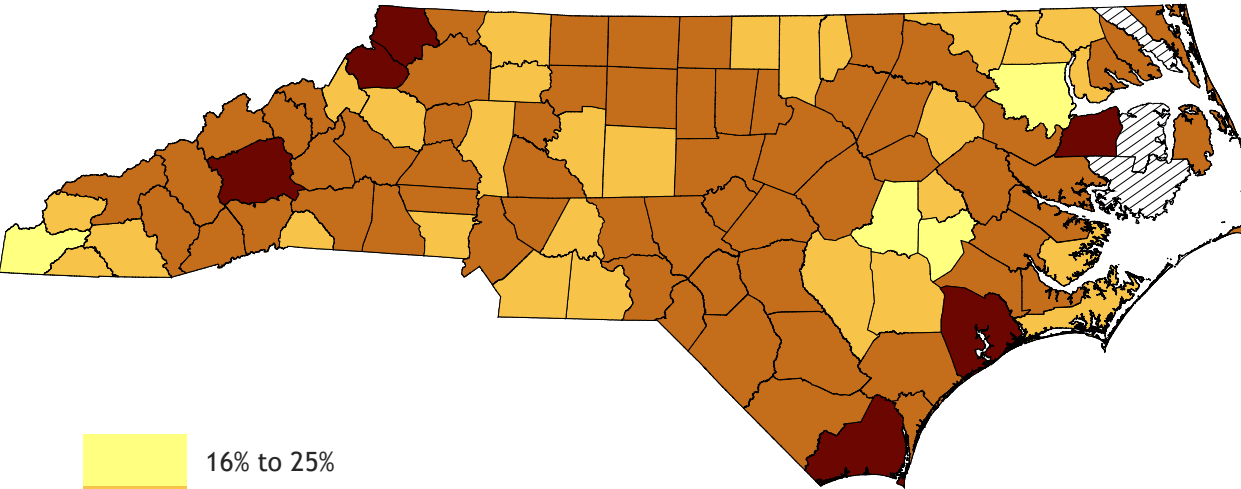
‘Behavioral health emergency’: NC health organizations ask state leaders for help⁴



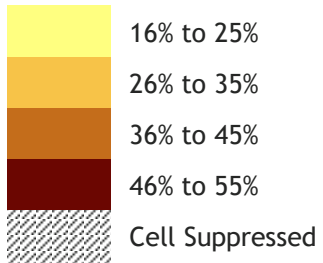
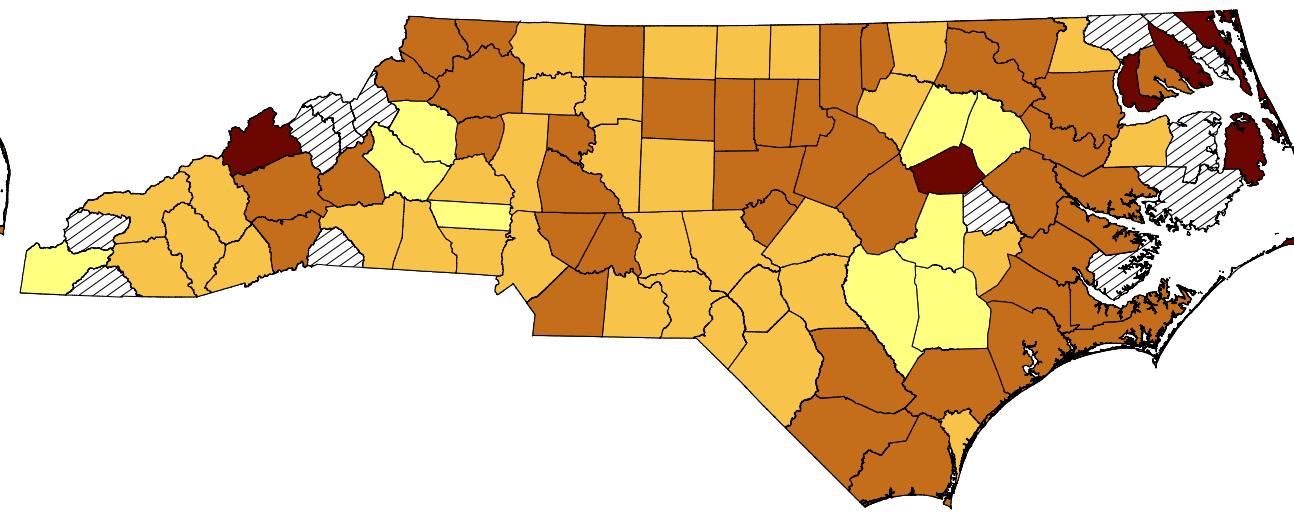
BH Telehealth Users by County

Overall, roughly **38%** of youth and **34%** of adults with BH conditions used telehealth for BH services during COVID-19.

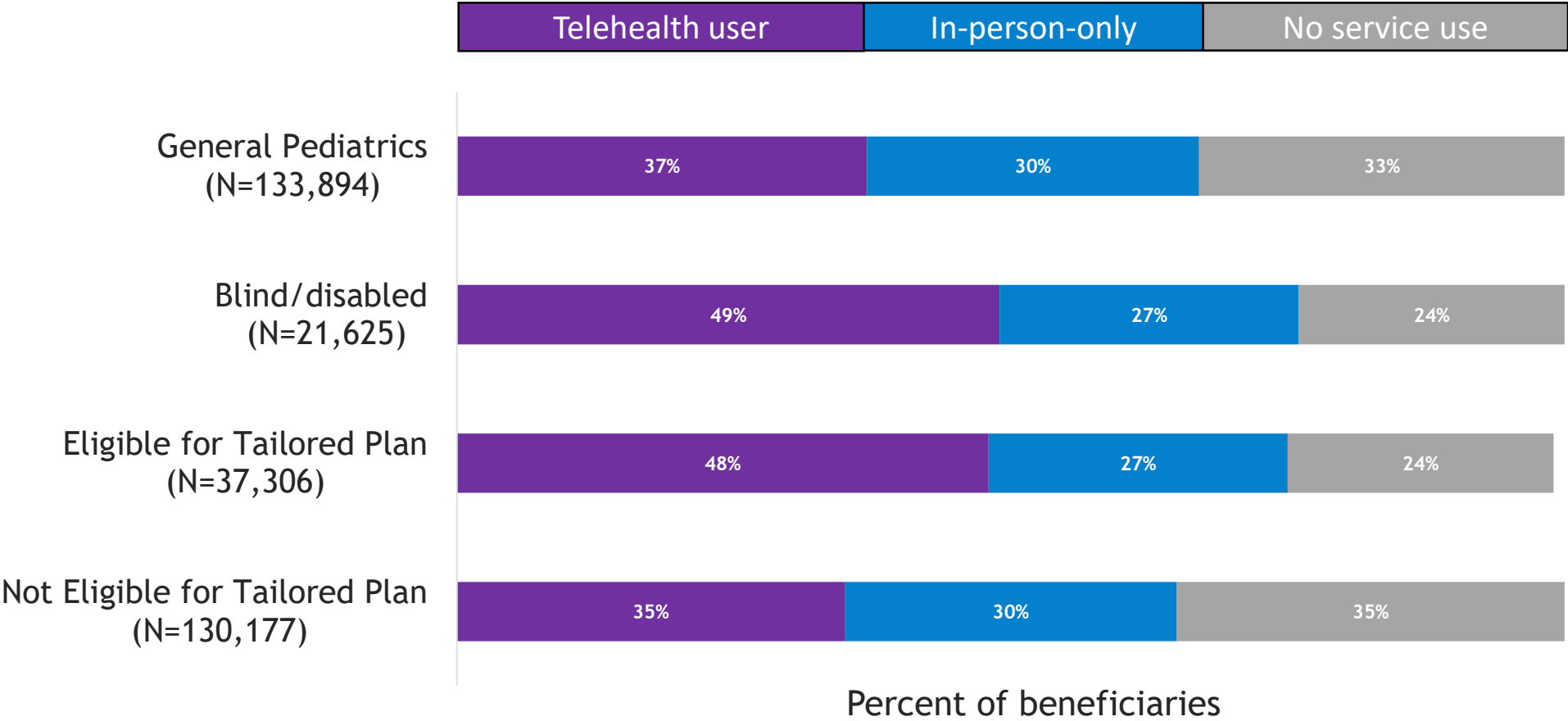
Youth



Adults



Youth with Increased Medical or Behavioral Health Complexity Used Telehealth to Access Care



Note: The percentage listed within each section of each bar represents the proportion of beneficiaries within the respective Medicaid eligibility category and service use (i.e., telehealth use, in-person only, and no service use) out of all of the beneficiaries within the respective Medicaid eligibility category.

Youth Using Telehealth During COVID Maintained Access to Care

	Telehealth users accessing care (n=63,684)			Non-telehealth users accessing care (n=103,799)		
	Pre- COVID	During COVID	% change	Pre- COVID	During COVID	% change
BH Medical Management	22.4%	21.7%	-3.1%	13.8%	4.3%	-68.6%
Psychotherapy	50.3%	51.4%	+2.0%	43.6%	9.5%	-78.2%

Adults Using Telehealth During COVID Maintained Access to Care

	Telehealth users accessing care (n=18,796)			Non-telehealth users accessing care (n=36,200)		
	Pre- COVID	During COVID	% change	Pre- COVID	During COVID	% change
BH Medical Management	53.8%	50.4%	-6.3%	38.5%	16.5%	-57.1%
Any Psychotherapy	66.9%	72.0%	+7.5%	38.1%	10.2%	-73.3%

Likelihood of Telehealth Use Among People with BH Conditions

Characteristics	Youth	Adults
Black race	-8%	-14%
Other race or multiracial	-4%	-8%
Hispanic/Latinx ethnicity	-8%	No difference
Female	7%	14%
Eligible for Tailored Plan	23%	20%
Rural residence	No difference	No difference

During COVID-19: April 2020 – March 2021

Models adjusted for patient-level characteristics including: age, race, ethnicity, sex, rural/urban county of residence, Medicaid program eligibility group, Tailored Plan eligibility, comorbid conditions (Charlson comorbidity index for adults and Pediatric Medical Complexity Algorithm for youth), and a range of behavioral health disorders. County-level covariates include the proportion of households without an internet subscription from the Census American Community Survey, and the four domains from the CDC's Social Vulnerability Index (Socioeconomic Status, Household Composition and Disability, Minority Status & Language, and Housing Type & Transportation)

Provider Perspectives

“Many families report positive aspects such as easier access to care and comfort of own environment, especially for children with special health care needs and with mental health concerns. They also report that social limitations, such as transportation, are no longer a barrier.”

-BH Provider

“Telehealth options have dramatically improved access for the Medicaid population my agency serves...my agency/clinic provides mental health and addiction services. While telehealth is a needed option with addiction services it should not serve as the only option. Face to face services need to be incorporated, especially early on in treatment.”

- BH Provider

Key Findings

Telehealth users both had *higher service use* pre-COVID and *higher maintenance of care* compared to their non-telehealth user counterparts.

People of color (Black/other race/multiracial youth and adults, Hispanic youth) were *less likely* to become telehealth users.

People with more substantial medical or behavioral complexity were *more likely* to become telehealth users.

Policy Implications

Telehealth can expand access to services in the current behavioral health crisis.

- Policy makers can leverage **payment and regulatory opportunities** to promote the use of telehealth for BH services by patients and clinicians
- Additional research needed to understand and mitigate the **drivers of racial and ethnic differences** in telehealth use
- Strategies needed to further **expand access to telehealth** for people with tenuous connections to health care
- There are potential implications for **Tailored Plan implementation** in NC

Q & A

Telehealth Access during COVID-19 for Beneficiaries with Musculoskeletal Conditions



Presented by: Katherine Norman
PhD Student
Department of Population Health Sciences
Duke University

Musculoskeletal Conditions are Common Conditions in the US

Over 10% of youth and 1 out of every 2 adults experience an MSK condition^{6,7}

Historical barriers to accessing MSK services include:

- Lack of MSK providers such as specialists and therapists, especially in rural areas
- Lack of transportation or resources to travel to appointments
- Limited insurance coverage and benefit design

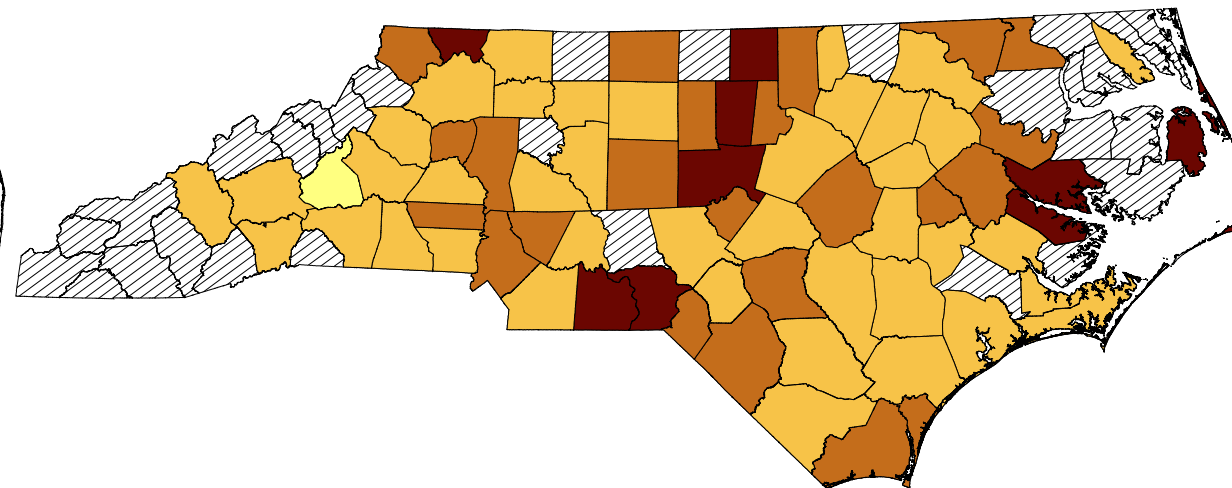
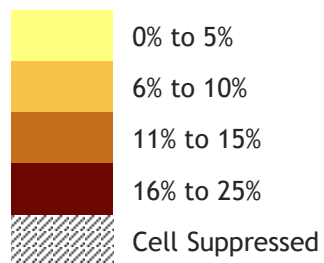
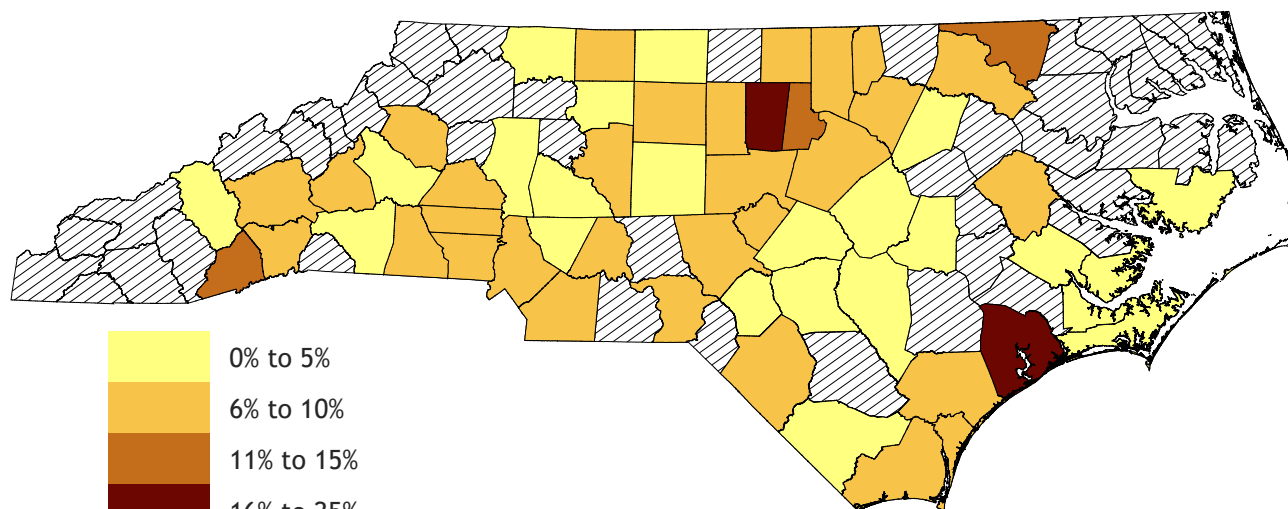
Telehealth could help solve some of these barriers

MSK Telehealth Users by County

Overall, roughly 6% of youth and 10% of adults with MSK conditions used telehealth for MSK services during COVID-19.

Youth

Adults



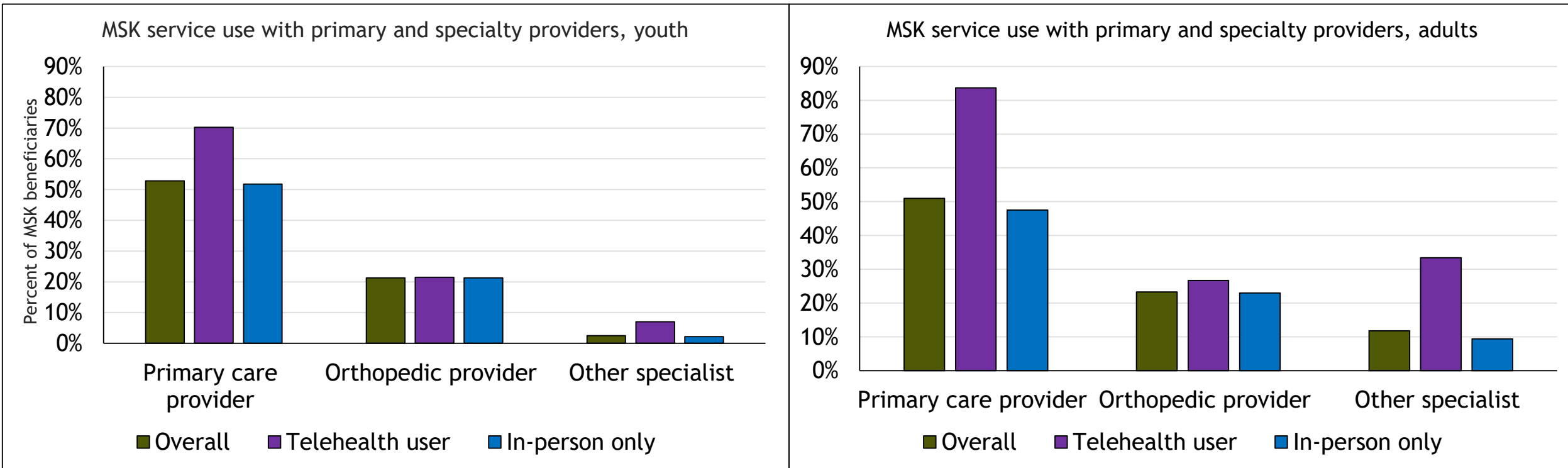
Key Differences in Telehealth Use Among People with MSK Conditions

	Youth	Adults
Age	Telehealth users were younger	Telehealth users were older
Race	A lower proportion of Black youth used telehealth	No differences by race
Hispanic/Latinx Ethnicity	A slightly higher proportion of Hispanic youth used telehealth	Slightly smaller proportion of Hispanic/Latinx beneficiaries used telehealth
Medicaid Eligibility and Patient Complexity	A higher proportion of telehealth users are Tailored Plan-eligible	A higher proportion of telehealth users qualified for Medicaid due to disability and had more chronic conditions
Rural/Urban Residence	A higher proportion of urban county residents were likely to access services via telehealth.	

Results are unadjusted for other factors

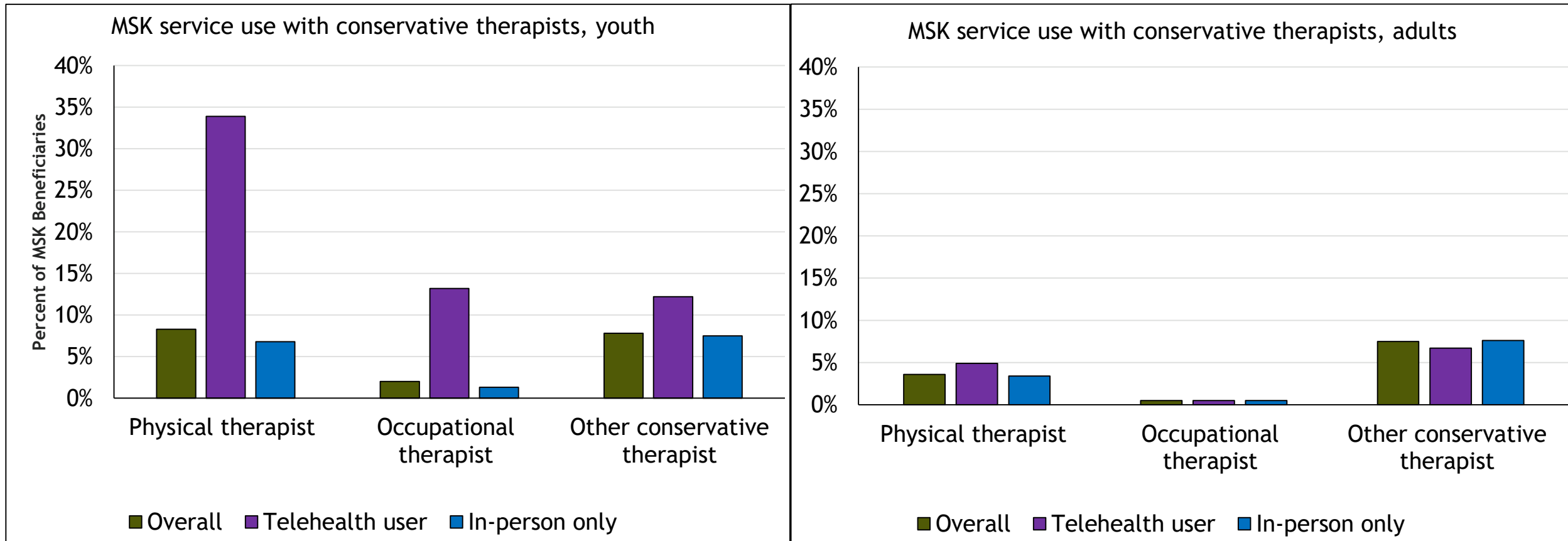
Describing MSK Service Use with Primary and Specialty Providers

- Roughly same proportion of adults and youth accessed MSK services from PCPs
- A high proportion of telehealth users accessed MSK services from PCPs
- Greatest proportion of adult telehealth users accessed MSK services from “other specialists” while more youth telehealth users accessed care from orthopedists



Describing MSK Service Use with Conservative Therapists

Telehealth was an important tool for youth with musculoskeletal diagnoses to access occupational and physical therapy.



Provider Perspectives

“Now, with the use of telehealth visits, physical therapy can occur during acute joint and muscle bleeding episode when individuals are experiencing severe pain...for complex medical needs and individuals with bleeding disorders, telehealth is invaluable in preventing multiple in-person medical visits, emergency room visits (due to need for clotting factor infusions) and at times hospitalization.”

- MSK provider

“For rehab professionals, the lens into the patients home can provide a dramatic reality check for providers. Understanding what someone must navigate within and outside of their home will create recommendations that are more practical and likely improve compliance.”

- MSK provider

Key Findings

A ***higher percentage*** of people from complex groups, such as youth who are Tailored Plan-Eligible and adults with disability and/or chronic MSK conditions, used telehealth to access care.

Telehealth enabled access for youths needing rehabilitation services and for adults and youth seeking primary care and specialty services for MSK conditions.

A ***higher proportion*** of White, other race, and multiracial youth used telehealth, while a ***lower proportion*** of Black youth used telehealth.

Policy Implications

**Management of chronic MSK conditions is one of the highest burdens in healthcare.^{6,7}
Adoption of telehealth services may promote resource allocation across divisions of practice to reduce low-value care.**

- Telehealth can enable access to specialty and ancillary services when primary care services may not be available or appropriate, which could help reduce avoidable hospital use
- Telehealth benefit design may need to be structured differently to align with overall access to MSK services for adults
- Opportunity to leverage clinical, regulatory, and payment models to increase access to telehealth services for people living in rural areas and for populations that have been historically marginalized
- Uncertainty surrounding the permanency of telehealth for MSK services can affect providers' decision to adopt or integrate telehealth into core delivery models

Q & A

Moderated Panels

Panel 1: Telehealth Access in North Carolina: Implications for Care Delivery



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Project Administrator
HealthLit4Wake
Wake County
Health and Human
Services Department



Steve North
Vice President of Medical
Operations
Eleanor Health



Evie Nicklas
Director of Behavioral
Health
MedNorth Health
Center



Michael Schmidt
Director of Payer Relations
American Physical Therapy
Association North Carolina
Chapter

Panel 2: Role of Payers and Other Policymakers in Improving Telehealth Access



Corye Dunn
Director of Public Policy
Disability Rights North Carolina



Ginny Whitman
Public Policy Manager
Alliance for Community
Health Plans



Angie Bailey
Director of the Broadband
Infrastructure Office
NC Department of
Information Technology's
Division of Broadband and
Digital Equity



Karen Smith
Family Physician,
Board Member
American
Academy of
Family Physicians

Thank You!

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